

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000578

FILED
Apr 16, 2009
Secretary of State

Entity Name: CONRAD CREDIT CORPORATION

Current Principal Place of Business:

476 WEST VERMONT AVE.
ESCONDIDO, CA 920256566

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 469108
ESCONDIDO, CA 920469108 US

New Mailing Address:

FEI Number: 33-0344781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORMIER, KATHLEEN
10148 OHIO AVE
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

CORMIER, KATHLEEN
1014-B OHIO AVE
PALM HARBOR, FL 34683 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: RICHENBACHER, KEITH
Address: 2815 ANAHEIM ST.
City-St-Zip: ESCONDIDO, CA 92025

Title: DV () Delete
Name: PAGE, JOHN
Address: 826 WINDRIDGE CIRCLE
City-St-Zip: SAN MARCOS, CA 92069

Title: D () Delete
Name: PRANIK, ROBERT
Address: 3118 ADMIRAL AVE
City-St-Zip: SAN DIEGO, CA 92123

Title: DS () Delete
Name: HUFF, WILLIAM
Address: 5000 THORN DRIVE
City-St-Zip: LA MESA, CA 91941 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HUFF, WILLIAM
Address: 5000 THORN DRIVE
City-St-Zip: LA MESA, CA 91941 US

Title: DS () Change (X) Addition
Name: ATTARD, SHARON
Address: 13732 SYCAMORE TREE LANE
City-St-Zip: POWAY, CA 92064

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE GARRIDO

EA

04/16/2009

Electronic Signature of Signing Officer or Director

Date